

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90027 002 \*\*\*150.00

**DOCUMENT #** N17000006157

1. Entity Name



LAKESIDE WOODS SOUTH ASSOCIATION, INC.

Principal Place of Business

1102 SOUTHLAKE CT.  
VENICE, FL 34285 US

Mailing Address

1435 E. VENICE AVE.  
BOX 164  
VENICE, FL 34285 US

2. Principal Place of Business

1180 SOUTHLAKE COURT

3. Mailing Address

1100 SOUTHLAKE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006

Chg-P

CR2E034 (11/05)

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34285

Country

USA

Zip

34285

Country

USA

4. FEI Number

65-0679906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENLER, ROBERT  
1102 SOUTHLAKE COURT  
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name FOSTER, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

1180 SOUTHLAKE COURT

City

VENICE

FL

Zip Code

34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*X Joseph Foster*

JOSEPH FOSTER

X 2/8/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BRINGS, KEITH          |                                 |
| STREET ADDRESS | 1176 SOUTHLAKE COURT   |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285 34285 |                                 |
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | FOSTER, JOSEPH         |                                 |
| STREET ADDRESS | 1180 SOUTHLAKE COURT   |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285 34285 |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | LEINWEAVER, ROBERT     |                                 |
| STREET ADDRESS | 1109 SOUTHLAKE CT.     |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285       |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CARMICHAEL, KEITH      |                                 |
| STREET ADDRESS | 1121 SOUTHLAKE CT      |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285 34285 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DENLER, ROBERT         |                                 |
| STREET ADDRESS | 1102 SOUTHLAKE CT      |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285       |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DELL, CHERYL           |                                 |
| STREET ADDRESS | 1118 SOUTHLAKE COURT   |                                 |
| CITY-ST-ZIP    | VENICE, FL 34285       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | SECRETARY         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FOSTER, LINDA     |  |
| STREET ADDRESS | 1180 SOUTHLAKE CT |  |
| CITY-ST-ZIP    | VENICE, FL 34285  |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*X Joseph Foster*

JOSEPH FOSTER, 941-412-0648